



City of Eau Claire
Parks and Recreation Department
Fee Waiver-Scholarship Application

Scholarship applications **MUST** be submitted in person.

PRIMARY APPLICANT INFORMATION			
Last Name:		First Name:	
Address:			
City:		State, Zip Code:	
Home Phone:		Work Phone:	
Cell Phone:		Total Family Members Applying:	
Email Address:			
LIST ALL MEMBERS APPLYING FOR SCHOLARSHIP ASSISTANCE (including primary applicant)			
NAME (first and last if different than above)	AGE	GENDER (M/F)	BIRTHDATE

NOTE: This is not a registration form. Once you have received approval for the scholarship program, you will be able to register for programs and pay only 25% of the program fee. Registration is what assures your spot in the program. *Families will be asked to confirm their eligibility status once each year.*

***I have read the Scholarship Program Guidelines and understand the policies and criteria for eligibility.**

Signature of Applicant (Adult)

Date

CURRENT SCHOLARSHIP AUTHORIZATION

For Office Use Only:

- ☐ Proof of Food Share Quest Card OR ☐ Proof of ECASD Free Lunch Program
☐ Proof of Identification ☐ Proof of City Address

Approval Date: _____ Approved By: _____